

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

63-041346

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
8 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jewish Hosp.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3912a Wilmington Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HARRY

DAVIS

4. DATE OF DEATH
Month NOV. Day 2 Year 1963

5. SEX
Male

6. COLOR OR RACE
Cauc.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
May 1881

9. AGE (last birthday)
82

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Merchant

10b. KIND OF BUSINESS OR INDUSTRY
Retail Furn.

11. BIRTHPLACE (City and state or country)
New Orleans, La.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Isaac Davis

13b. MOTHER'S MAIDEN NAME

Unk.

14. NAME OF HUSBAND OR WIFE

Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
Yes Span-Amer.

16. SOCIAL SECURITY NO.

17. INFORMANT
Sarah Davis 3912a Wilmington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac insufficiency

INTERVAL BETWEEN ONSET AND DEATH
2 yrs

DUE TO (b)

Arteriosclerotic Heart Dis

2 yrs

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 10 a.m. 5 p.m.
Month, Day, Year 10/5/63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/5/63 to 11/2/63 and last saw her/him alive on 11/2/63
Death occurred at 430 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold A. Franklin M.D.

22b. ADDRESS

16 Hampton Vill Plaza

22c. DATE SIGNED

11/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Rem.

23b. DATE

11/4/1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Sinai

23d. LOCATION (City, town, or county)

Afton, Mo.

(State)

24. FUNERAL DIRECTOR

Berger Memorial 4715 McPherson

ADDRESS

25. DATE RECD. BY LOCAL REG.

NOV 4 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

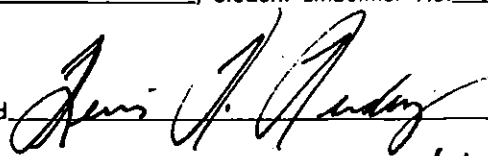
64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4129

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.